Bureau of Health Care Quality and Compliance

			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING	·	C		
		NVS4304AGC				01/20	0/2011	
				RESS, CITY, STA				
GOLDEN A	CRES 2			OWENS AVE 5, NV 89110				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
Y 000	0 Initial Comments			Y 000				
Y 050 SS=F	REGULATORY OR LSC IDENTIFYING INFORMATION)		I as	Y 050				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVS4304AGC			B. WING		C 01/20/2011	
			STREET ADDI	<b>I</b> RESS, CITY, STA	ATE, ZIP CODE	01/2	0/2011
GOLDEN ACRES 2				OWENS AVE S, NV 89110			
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Y 050	Continued From page 1			Y 050			
	This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037)  1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility.  2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.  3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005).  Based on observation on 1/20/11, the administrator failed to ensure the most recent						
	public area. The facility had their A grade from the survey dated 3/16/10, instead of the D grade from the survey dated 12/1/10.						
	Severity: 2 Scope: 3						
Y 251 SS=F	449.217(2) Storage or refrigerated	f Food-Perishable food	s	Y 251			
	NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
				A. BUILDING		С			
		NVS4304AGC		B. WING		01/2	0/2011		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
GOLDEN	ACRES 2			EAST OWENS AVE VEGAS, NV 89110					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	(X5) COMPLETE DATE			
Y 251	Continued From page 2 degrees or less.  This Regulation is not met as evidenced by: Based on observation and interviews on 1/20/11, the facility failed to maintain the temperature of frozen foods at 0 degrees (The temperature of the freezer in the kitchen read 21.5 degrees, after turning down the temperature to the coldest setting the reading was 18.3 degrees).  This is a repeat deficiency from the 12/1/10 State Licensure Survey.  Severity: 2 Scope: 3			Y 251					
SS=E	NAC 449.2742 6. Except as otherwis subsection, a medical physician must be addithe physician. If a physician to a result administered to a result (a) The caregiver result administration of the (1) Comply with the complete the	tion prescribed by a iministered as prescribe nysician orders a chang medication is to be ident: ponsible for assisting ir medication shall:	ed by e in n the	1 070					

AND DIANIOF CODDECTION		(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
	NVS4304AGC			B. WING		C 01/20/2011			
			STREET ADD	<b>I</b> RESS, CITY, STA	TE, ZIP CODE	01/2	20/2011		
COLDEN ACRES 2			6215 EAST	FADDRESS, CITY, STATE, ZIP CODE  EAST OWENS AVE  EGAS, NV 89110					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE			
Y 878	Continued From page 3			Y 878					
	received medications as prescribed (Resident #1 - stool softener and ecotrin, and Resident #4 - Asprin the facility failed to have the medicaiton available onsite).  Severity: 2 Scope: 2								
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR			Y 895					
	NAC 449.2744  1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:  (b) A record of the medication administered to each resident. The record must include:  (1) The type of medication administered;  (2) The date and time that the medication was administered;  (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and  (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.								
	Based on record revie failed to ensure the m	It met as evidenced by: ew on 1/21/11, the facil edication administratio curate for 5 of 5 resident #4, and #5).	ity n						

AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		NVS4304AGC		A. BUILDING B. WING	·	C <b>01/20/2011</b>			
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
GOLDEN ACRES 2			6215 EAST OWENS AVE LAS VEGAS, NV 89110						
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
Y 895	Continued From page 4			Y 895					
	This is a repeat deficiency from the 12/1/10 State Licensure Survey.  Severity: 1 Scope: 3								
Y 920 SS=F				Y 920					
	NAC 449.2748  1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.								
	Based on observation failed to ensure med residents were kept #4 and #5 - medicat	not met as evidenced by on on 1/20/11, the facility dications belonging to 5 of locked (Resident #1, #2 ions were observed in a th a lock, however the lo	/ of 5 , #3,						

Bureau of Health Care Quality and Compliance

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NIVS 420 4 A CC			B. WING		C 01/20/2011				
NVS4304AGC  NAME OF PROVIDER OR SUPPLIER			STREET ADDR	<b>I</b> RESS. CITY. STA	ATE. ZIP CODE	01/2	0/2011		
GOLDEN ACRES 2			6215 EAST	REET ADDRESS, CITY, STATE, ZIP CODE 215 EAST OWENS AVE AS VEGAS, NV 89110					
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
Y 920	Continued From page 5			Y 920					
	was not used).								
	This is a repeat defici Licensure Survey.	ency from the 12/1/10 s	State						
	Severity: 2 Scope:	3							

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